MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL

APPLICANT(S)

10/541165

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2								52						
3		10						53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
10								60						
11								61						
12								62						
13			1					63						
14				1				64						
15				1				65						
16			1					66						
17			1					67						
18				1				68						
19				1				69						
20				1				70						
21				1				71						
22				1				72						
23				1				73						
24				1				74						
25				1				75						
26								76						
27			1					77						
28				1				78						
29				1				79						
30				1				80						
31								81						
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37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	2		3					TOTAL IND.						
TOTAL DEP.	10		15					TOTAL DEP.						
TOTAL CLAIMS	12		18					TOTAL CLAIMS						